

10-14-04

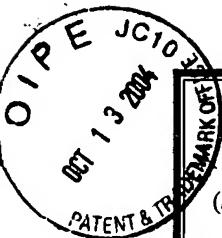
Please type a plus sign (+) inside this box → ☐

1642

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/032,256
		Filing Date	12/21/2001
		First Named Inventor	Lewis A. CHODOSH, et al
		Group Art Unit	1642
		Examiner Name	Brandon J. Fetterolf, Ph.D.
Total Number of Pages in This Submission		Attorney Docket Number	22253-70421

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) - Figs. <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Election of Claims <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) Remarks:	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Office Action/Restriction mailed 07/15/2004; check in the amount of \$215.00 for 2 nd mo. EOT; return postcard.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Evelyn H. McConathy, Reg. No.: 35,279	
Signature	Evelyn H. McConathy	
Date	October 13, 2004	

CERTIFICATE OF EXPRESS MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with Express Mail Label No. EV222872835US in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313 on this date: October 13, 2004.		
Typed or printed name	Debra A. Coccia	
Signature	Debra A. Coccia	Date: October 13, 2004